2011 Anthem Blue Cross and Blue Shield Worksite Flu Clinic Roster

Date of Clinic:
Clinic Location:
Contact Name:
Phone Number:
Mailing Address (for reimbursement):
Name of Provider Administering Immunizations:

Member Name	Certificate Number	Group Number

Please submit the roster and a bill for the total cost of your clinic on <u>your letterhead</u> **within 60 days to:**
Becky DuVal, Anthem, 330 Civic Center Drive, Suite 3, Augusta, ME 04330